



Taxicab and For Hire
Vehicle Bureau License



Date _____

Tracking Number _____

REQUEST FOR TEMPORARY CPNC CERTIFICATES

Type of Application: Special Charter Special Event/Special Needs (Declared Special Event: _____)

APPLICANT INFORMATION

Applicant Name _____ Contact Number _____

BUSINESS INFORMATION

Name of Business _____

Business Address _____

City _____ State _____ Zip _____

How many CPNC numbers do you currently hold? _____

How many temporary CPNC's are you applying for? _____

List license plate numbers: _____

(If more space is required, an additional sheet may be attached.)

Name of Insurance _____ Insurance Contact Number _____

REQUIRED ATTACHMENTS

Proof of Insurance Coverage and

Copy of Vehicle Registration

FEES

\$10.00 Special Charter Daily

\$50.00 Special Charter Weekly

\$20.00 Special Events Daily

ACKNOWLEDGEMENTS

(For Special Charter CPNC only)

I agree to comply with all provisions and requirements of New Orleans City Code Sec. 162-190.

Applicant Signature _____ Date _____

(For Special Events CPNC only)

I agree to comply with all provisions and requirements of New Orleans City Code Sec. 162-197.

Applicant Signature _____ Date _____